From:

01/28/2011 12:40 #495 P.002/002

ELECTION CYCLE			25 100 100				elbert Hosem	
		1	Candidate	è	-	Sec	REIARLU	DIA
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Name of Candidate	John	h. Cho	mpina			11 34	ILA TOT	
Address 365	Lather S	Serite	210	Hernand	o ms 280	Car	npaign F cretary of	ina I S
Telephone 662 - 40	1-1374	Fax	660 -	427-54	104	50	DATE DEAN	(EP
Contact Name		====	Email 📝 C	nampion a	ms1917, 10	n		
Office Sought Distr				9				
Office Sought 19 19 17		,		araity		14	-	
Check here if at	ove is different fi	rom previous rej	port					
			TYPE OF F	EPORT				
May 25, 2010 Pre-	Election Repo	rt (January 1,	2010, throug	h May 22, 20	010)		Man	dat
June 15, 2010 Pre	Runoff Repor	rt (May 23, 20	10. through .	une 12. 2010	0)		lunoff Candi	dah
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October 26, 2010 I		, , ,		-	. ,			
November 16, 201	0 Pre-Runoff	Report (Octol	рег 24, 2010,	through Nov	ember 13, 20	10)F	lunoff Cand	ida
January 31, 2011	Annual Report	t / January 1 :	2010 through	December 3	31 2010)	Δ	If Candidate	LC 2
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(1) Pre-Election reports ar	e mandatory, e	ven if no contr	IMPORTAN		ave occurred.	in such cas	se. the candid	ate
shall submit a report in								
(2) Until a Candidate files Ann. § 23-16-807 (b) (ii)		leport, annual	and periodic	reports must	still be filed in	accordanc	e with Miss, (	Cod
(3) The receiving authority	- "	und managed of i	the resulted u	marta hu £:0i			n. Militaria	d Bt
falls on a weekend or a								
day before the deadline	e. Faxed report	s are acceptat	ole.					
	PEDOI	TED CON		C AND DIG	BURSEME	NTC		
						MID	Calendar	
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Total amount of contribu	itions \$	(7) ±\$	17	\$	1	\$	$\wedge$	
		<u></u>	<u> </u>				0	_
Total amount of disburs	ements \$	0	D	\$	)	\$	0	
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7/2	1/2 -		peat or my m	owierda sik	Dellei II IS U	ue, accura	ne, and comp	Herre
Signature of Car	ndidate				Tate City	/1		
0		701 st see 6	Note the second second		rest.			
Authority: Refer to Miss. Code A Penalties: Failure to submit requ	ired reports, or fai	lure to aubmit re	ports in accorda	rce with statuto	ry deadlines, or I	aliure to aubi	nit valid reports	sha
result in fines of \$60 per day and	For prosecution in	accordance with	Miss. Code Ann	, §§ 23-16-811 a	nd 813 (1972).			
SEND TO: 1. Candidates for Statewish	, Scare algorics, must	county and all region	DANNY affices show	of return from to 2	estretacy of State. F	lections Divisio	n. P. O. Box 136	acts.
MID 39306 or that to 801-359-5499 or 60 2. Candidates for countywi	t-676-2819.					-30/50/00/00/00/00/00/00/00/00/00/00/00/00		-

MPAAEXEC

MOTION PICTURE ASSOCIATION OF AMERICA, INC.

n	ECEIVE	7
K	JAN 2 8 2011	U
	Campaign Finance Secretary of State	723

### FAX COVER SHEET

To:	Fre	om:				
Mississippi Secretary of State's	Elections	Motion Picture Association of America,				
Division		Inc.				
FAX NUMBER:	Da	being	-			
818-285-4456		01/28/2011				
COMPANY:		TAL NO. OF PAGES I	NCLUDING COVER:			
II.			5			
PHONE NUMBER:	OR	ORIGINAL BEING SENT BY MAIL:				
818-935-5750		[X] Yes	[ ] No			
Re:	YO	UR REFERENCE NUN	MBER:			
MPAA Illinois PAC						
☐ URGENT ☐ FOR REVIEW	□ please commen	D please reply	☐ please recycle			
NOTES/COMMENTS:						

PHONE: 818 - 995 - 6600 ADDRESS: 15301 VENTURA BLVD. BUILDING E SHERMAN OAKS, CA 91403

AMENDMENT

#### SS 06-05

## OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

#### STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

				BUILDING E				=
City, S	state, Zip_SHERMAN	OAKS, CA	91403	Ema	saraj	H_WALS	H@MPAA . O	RG
				FAX(818)28	5-4409			
Contac	t Person_SARAH	WALSH	Phone Phone	(818)995-6600	Email	SARAH	_walsh@m	PAA.OR
Contac	t Full Address 153	301 VENTUR	A BLVD., BU	ILDING E				
			, CA 91403					
FEC Id	committee registere entification Number committee is autho			nmission (FEC)?	Yes No			
Name	of Candidate						-2.	
A alabama								
Office				Party			-	
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- Political Committees associated with statewide or multi-county elections should return the form to: Eric Clark, Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205, Political Committees essociated with single county elections should return this form to their
- County Circuit Clerk.
- Political Committees associated with municipal elections should return this form to their Municipal Clerk,

2010 ELECTION CYCLE

# Political Committee

### REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Non Judicial Election

Name of Committee Motion Picture Association of America Illinois PAC 15301 Ventura Blvd., Bldg. E. Sherman Oaks, CA 91403 Address (818) 995-6600 Fax (818) 285-4409 Telephone \_\_\_ Email sarah walshampaa.org Treasurer Sarah Walsh

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	Campaign Financ Secretary of State	0	
	DATESTAMP		

Delbert Hosemann SECRETARY OF STATE

X Check here if above is different from previous report

### TYPE OF REPORT

	May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010	
	June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)	Runoff Candidates
	October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)	All Candidates
	November 15, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 20	010)Runoff Candidates
_X	January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)	All Candidates and Political Committees
	Termination Report (Candidate will no longer accept contributions or make campaign Re	equired to terminate reporting

expenditures and has no outstanding campaign debt obligation)

obligations

Calandar

#### IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred, in such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

ltemized + Non-		emized ≓ This Period		This Period	 Year-To-Date	
Total amount of contributions	\$15,000.00	0.00	\$	i5,000.00	\$ 15,000.00	
Total amount of disbursements	\$ \$ 500.00+\$	0.00	\$	500.00	\$ 500.00	
Total amount of cash on hand	10		\$	434.83		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Authority: Refer to Miss. Gode Ann. §23-15-801 (1972) et. seg. for statutory requirements.

Penalities: Failure to submit required reports, or failure to submit roports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewick, State district, multi-assemy and all legislative offices should return form to Secretary of State, Sicology Division, P. O. Sox 136, Jackson, MS 30200 or fix to 601-359-1499 or 501-576-2019.

Z. Candidates for countywide and county district offices should return forms to their county Circuit Clork.

				Page	1	of1	_
Name of Candidate or	Committee Motion	Picture	Association	of	America	Illinois	PAC
Reporting period	01/01/10	through	12/31/10				

## ITEMIZED RECEIPTS

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Name of Candidate or Committee	Motion Pictur	e Associat:	ion of	America	Illinois	PAC	
Reporting period 01/01/1	0 t	hrough	12/3	1/10			

# ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
Friends of Jim Hood	(Mo., Day, Year)	disbursement this period
Malling Address	11/23/10	5
P.O. Box 16647	22, 23, 10	500.00
City, State, Zip Code	1 1	S
Jackson, MS 39236 Purpose of Disbursement (Optional)		
Target Victorian (opening)	Aggregate Year-to-date	500.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
G. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		5
City, State, Zip Code	_1_1_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s